

April 2004

Microchip Number:	Location of Microchip:	
Microchip Scanner Type:	Age as Stated by Owner:	
Species:	Breed:	Sex:
Coat Color:	Markings:	

	Date and Time of Treatment (use 24-hour clock)	Product Name and Maker
*Tick Treatment	Date (mm/dd/yyyy):	
	Date (In Words):	
	Time:	
Tapeworm Treatment	Date (mm/dd/yyyy):	
	Date (In Words):	
	Time:	

DVM/VMD

Date (mm/dd/yyyy):
Date (In words):

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License Number:
State:

Zip Code _____